

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16723

FILED MAY 19 1951

State File No.

1890

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (In this place) <u>58 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>8201 LYDIA AVENUE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8201 LYDIA AVENUE</u> | | e. STREET ADDRESS (If rural, give location) <u>8201 LYDIA AVENUE</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NOBLE</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>NAUMAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-30-1951</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u> | 8. DATE OF BIRTH <u>MAY-10-1892</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | 10b. KIND OF BUSINESS OR INDUSTRY <u>AMERICAN RAILWAYS EXPRESS AGENCY</u> | 11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | |

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| 13a. FATHER'S NAME <u>CHARLES W. NAUMAN</u> | 13b. MOTHER'S MAIDEN NAME <u>BARBARA KRAMER</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u> | 16. SOCIAL SECURITY NO. <u>714-07-1114</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. BARBARA NAUMAN</u> ADDRESS <u>8201 LYDIA AVE. KANSAS CITY, MO.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: DUE TO (b) <u>Chronic Coronary fibrosis</u> DUE TO (c) <u>Chronic Atherosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart failure</u> | | | <u>42-01</u> |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from Nov. 1950 to Apr. 30, 1951, that I last saw the deceased alive on Apr. 22, 1951, and that death occurred at 5 a. m. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. I. Schindler</u> (Degree or title) _____ | 23b. ADDRESS <u>42 Shubert Bldg.</u> | 23c. DATE SIGNED <u>APR 30 1951</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAY 2-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT MORIAH CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>5-2-51</u> | REGISTRAR'S SIGNATURE <u>E. I. Schindler</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcome's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> |
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.